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DEC 05 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant : C. S. Baumann, et al.  
Serial No. : 09/819,462  
Filed : 28 Mar 2001  
  
Examiner : Charles R. Kyle  
Art Unit : 3624  
  
Entitled : System and Method for Automating  
Invoice Processing With Positive  
Confirmation  
Docket No. : END920000165US1

Commissioner For Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following attached  
correspondence comprising 20 pages:

CERTIFICATE OF FACSIMILE TRANSMISSION	1 page
TRANSMITTAL	1 page
FEE TRANSMITTAL	1 page
AMENDMENT	17 pages

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States Patent and Trademark Office at 571-273-8300, on  
the date below.

SHELLEY M BECKSTRAND

Date: 5 Dec 2006

  
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DEC 05 2006

PTO/SB/21 (09-08)

Approved for use through 03/31/2007. OMB 0851-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 20


Application Number	09/819,462
Filing Date	3/28/01
First Named Inventor	C. S. Bauman
Art Unit	3624
Examiner Name	Charles R. Kyle
Attorney Docket Number	END920000165US1

**ENCLOSURES (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
|--|--|---|


Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Shelley M Beckstrand, PC		
Signature			
Printed name	Shelley M Beckstrand		
Date	5 Dec 2006	Reg. No.	24,886

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Shelley M Beckstrand	Date	5 Dec 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

**Complete if Known**

Application Number	09/819,462	RECEIVED CENTRAL FAX CENTER DEC 05 2006
Filing Date	28 Mar 2001	
First Named Inventor	C. S. Baumann	
Examiner Name	Charles R. Kyle	
Art Unit	3624	
Attorney Docket No.	END920000165US1	

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 09-0457 Deposit Account Name: IBM Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES		Fees Paid (\$)	
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

3. APPLICATION SIZE FEE		Fees Paid (\$)	
Total Sheets	Extra Sheets	Fee (\$)	
- 20 or HP =	x		
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x		
HP = highest number of independent claims paid for, if greater than 3.			

4. OTHER FEE(S)		Fees Paid (\$)	
Non-English Specification	Fee (\$)		
\$130 fee (no small entity discount)			
Other (e.g., late filing surcharge):			

SUBMITTED BY	Registration No. 24,886	Telephone 276-238-1972
Signature <i>Shelley M Beckstrand</i>	(Attorney/Agent)	Date 5 Dec 2006
Name (Print/Type) Shelley M Beckstrand		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No. : END920000165US1

**AMENDMENT**

Honorable Commissioner  
for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office action of 13 Sep 2006, a non-final action supplemental to that of 22 Aug 2006 for the purpose of providing a copy of the *Procedures* reference and resetting the period for response, please amend the above-identified application as follows:

END920000165US1

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S/N 09/819,462